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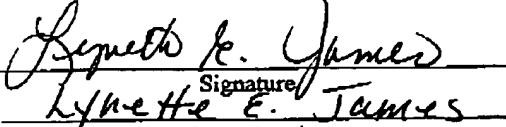
NO. 6559 P. 1/10

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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/527,235 |
| | | Filing Date | November 30, 2005 |
| | | First Named Inventor | Majid SHAHBAZI |
| | | Group Art Unit | 2132 |
| | | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | 039996-7 |

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|---|---|--|---------|--|
| ENCLOSURES (check all that apply) | | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ol style="list-style-type: none"> 1. Statement Under 37 CFR § 3.73(b) 2. Recordation Form Cover Sheet 3. Executed Assignment | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Remarks</td> <td style="width: 90%;"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.</td> </tr> </table> | | | Remarks | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm <i>or</i> Individual name | Stephen M. Hertzler Registration No. 58,247 Nixon Peabody LLP 401 9 th Street, N.W., Suite 900 Washington, D.C. 20004-2128 |
| Signature |  |
| Date | May 3, 2006 |

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| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | |
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|  Lynette E. James Signature <u>Lynette E. James</u> Typed or printed name | |